

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

**DO NOT WRITE ON THIS SAMPLE FORM**

YOUR NAME  
YOUR RESIDENCE ADDRESS  
CITY, STATE AND ZIP CODE

CIVIL ACTION NUMBER

V

(TO BE FILLED IN BY CLERK)

DEFENDANT(S) NAME(S)  
THEIR ADDRESS  
CITY, STATE AND ZIP CODE

**COMPLAINT**

**(SET FORTH THE FACTS OF YOUR CASE)**

**DO NOT WRITE ON THIS SAMPLE FORM**

**ON THE LAST PAGE OF YOUR COMPLAINT SPELL OUT THE RELIEF YOU  
ARE REQUESTING FROM THIS COURT.**

**IF YOU ARE ASKING FOR A TRIAL BY JURY, YOU MUST STATE THIS IN  
YOUR COMPLAINT.**

**IF YOU ARE REQUESTING A SPECIFIC AMOUNT STATE THIS IN YOUR  
COMPLAINT.**

**ORIGINALLY SIGN (IN PEN)**

**COMPLAINT**

**YOUR NAME  
YOUR ADDRESS  
CITY, STATE AND ZIP CODE**